

[Report of the Medical Officer of Health for Ealing].

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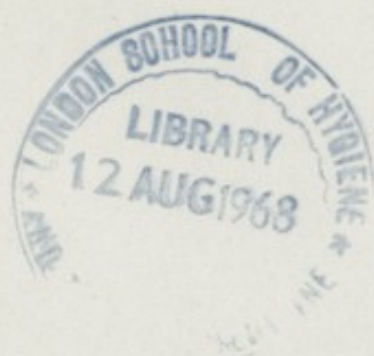
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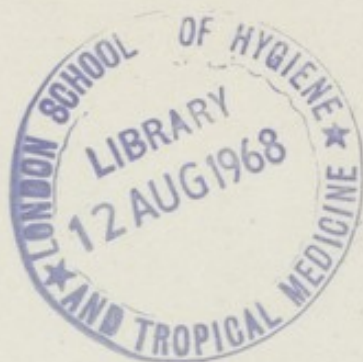
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The
Health of Ealing
in the year
1958

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The Health of Ealing

in the year

1958

ANNUAL REPORT

Medical Officer of Health

School Medical Officer

WILLIAM G. BOOTH, M.D., B.S., D.P.H.,

Medical Officer of Health,
Town Hall,

Ealing, W.5.

Telephone: Ealing 3030.



The Health of Ealing

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BEING THE

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Medical Officer of Health

AND

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WILLIAM G. BOOTH, M.D., B.S., D.P.H.

Medical Officer of Health

Tom Hall

Ealing, W.5

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Mr. Mayor, Aldermen and Councillors,

The year 1958 was one that showed the effects of the new antibiotics on public health problems in subtle and unexpected ways. No longer do we find children deaf as a result of infections of the middle ears but rather we are faced with the deafness due to inner ear defects for which no cure is at present possible. Again the umbrella provided by the practitioners treatment is causing us to lose the protective reactions of the body to the resistant types of staphylococcus and we are having many more infections arising in hospitals as a result of the onslaught by resistant bacteria. The curing of one problem so often leads to the raising of another, that it would ill become us to feel complacent about the victories of medicine.

Nevertheless, let us be very grateful for the overall picture with the introduction of poliomyelitis vaccination, the gradual disappearance of tuberculosis, the conquest of diphtheria, meningitis, venereal disease, and other conditions. The improvement in the general standard of food hygiene, the raising of the nutritional level, the care given to the expectant and nursing mothers and the sight of healthy children being reared in comfortable homes should give us all the satisfaction of feeling that our service has played some small part in the formation of the present picture.

It is now 10 years since Ealing undertook to make a special feature of its examination of children's feet and foot wear. Not only has much infection and deformity been found and treated but an enormous amount of health educational work has been done that must inevitably pay dividends in the future. The officers who have devoted so much time to this work are to be congratulated.

I regret to record the death during the year of Mr. Arthur Miller who was Ear, Nose & Throat Consultant when Ealing was responsible for the School Medical Service. This is a great loss to the Ear, Nose & Throat Department, and has caused considerable disorganization.

Your Deputy Medical Officer (Dr. Seppelt) together with an Assistant Medical Officer of the County Council (Dr. Taylor) have carried out some interesting new work in the field of speech therapy. It is set out in full in the report and is an example of the kind of useful research project that can still be done by local initiative and enterprise under the aegis of the local authority. It

will certainly be desirable carefully to assess the value and cost of all treatments, now that the all embracing arm, and rate aided purse of the health authority are expected to meet so many health problems. It is clear that the scene is changing, no longer do we have to be concerned with the orthopaedic problems of Rickets, Tuberculosis and Poliomyelitis, but of much less serious but none the less worrying problems of inherited defects and accident sequelae. It is therefore from surveys by health officers, by research into the problems of genetics, and the use of health education to prevent accidents, and promote healthy living that we must hope for future progress to be made.

The report would not be to my satisfaction if I were not once again to express my appreciation of the work of the officers who have all played their part so fully in carrying out the detailed work so necessary to a successfully accomplished job. The loss of the Public Health Department Chief Clerk, Mr. Birrell, by retirement at the end of his service, has indeed been a great loss to the department. His work was always exemplary, and Ealing has cause to be grateful for his conscientious service in its interest. We wish him every happiness in his retirement from a job well done.

Your obedient servant,

W. G. BOOTH,

Medical Officer of Health.

SECTION 1

INFECTIOUS DISEASES

CONTROL

The diseases notifiable under the Public Health Act, 1936, are smallpox, cholera, diphtheria, membranous croup, erysipelas, scarlet fever, typhus, typhoid, enteric and relapsing fever. The Minister of Health has also made regulations under this Act whereby the following diseases are notifiable: plague, poliomyelitis, tuberculosis, puerperal pyrexia, ophthalmia neonatorum, malaria, dysentery, acute primary pneumonia, acute influenzal pneumonia, measles, whooping cough, acute encephalitis and meningococcal infection. Food Poisoning is notifiable under the provisions of the Food and Drugs Act of 1955, and Gastroenteritis under the Milk and Dairies (General) Regulations, 1959, made under this Act.

It would seem that the time has come for some reconsideration of which diseases should be notifiable. Thus scarlet fever and measles are today relatively mild conditions and a sampling procedure in selected areas to determine their incidence might satisfactorily replace the present nation-wide notification. On the other hand a change in the incidence of leptospirosis and psittacosis might have occurred but as neither of these diseases is notifiable there is no means of assessing this. With regard to the more serious diseases such as smallpox and diphtheria speed is the essential factor in control and a telephone message might, with advantage, replace the present statutory written notification.

Finally, at present as stated above, infectious diseases are notifiable under four different pieces of legislation and consolidation of these would seem rational.

1,908 cases of Infectious Disease were notified in the Borough during the year. Of these 12 were proved not to have suffered from the disease for which they were originally notified, reducing the corrected number of cases of Infectious Disease during the year to 1,896.

DIPHTHERIA.

No cases were notified in 1958.

During the year 2,228 primary immunisations were given either at Clinics or by General Practitioners and 1,485 booster doses. 1,754 children under one year had primary

immunisations which means that approximately 67% of children in their first year of life were immunised in Ealing.

The need for maintaining a high percentage of children who are immunised against diphtheria remains as great as ever and this is stressed at every opportunity.

DYSENTERY.

244 cases were notified compared with the 252 cases in the previous year.

An outbreak of Sonne Dysentery occurred in a Welfare Department temporary accommodation hostel. The sixteen rooms of the hostel accommodate 15 families, comprising 29 adults and 42 children. Twelve families use one communal kitchen and the remaining three families use a second communal kitchen, separate stoves being available for each family. A total of 5 W.C's is available and use is divided amongst the families. It will be seen therefore that the possibility of spread of infection under such conditions was high. Initially two children were affected and although they were admitted to Isolation Hospital two children of a second family, on the same floor, were subsequently affected. These children were also admitted to Isolation Hospital. All children of both families when better were discharged from hospital and the original family affected moved to permanent accommodation. Unfortunately, the mother of the second family had become a symptomless carrier and one of her children developed further symptoms and had to be re-admitted to hospital. The restriction of the outbreak so far, within these limits, has been in large measure due to the regular visiting and supervision by the Health Visitor and Health Inspector concerned to ensure that the strictest attention is paid to hygiene by all residents of the hostel. The outbreak emphasises the continual difficulties to be faced in dealing with Sonne Dysentery. It is often impossible to render carriers free from organisms, and in the absence of symptoms to convince them that they are a potential source of infection. On the other hand failure to eliminate a carrier leaves the risk of an outbreak ever present. This is an unsatisfactory situation even though the disease is of course relatively mild.

ERYSIPELAS.

19 cases were notified.

FOOD POISONING.

18 notifications were received and of these 12 were confirmed by laboratory examination. Of these, 10 were *S. typhimurium*, 1 *S. heidelberg* and 1 *S. veije*. No outbreaks of a communal character were recorded.

MALARIA.

One case occurred in a man who had recently returned from New Guinea.

MEASLES.

985 cases were notified compared with 1,854 in 1957. This decrease was expected, in that epidemics of measles occur every two years, 1958 being an inter-epidemic year.

MENINGOCOCCAL INFECTION.

Three cases were notified and were treated in Hospital.

OPHTHALMIA NEONATORUM.

Six cases were notified. All cleared up satisfactorily without impairment to the vision.

PNEUMONIA.

There were 151 notifications and of these 44 males and 43 females died.

POLIOMYELITIS.

Two cases occurred, the first in a man of 33 and the second in a girl of 13 years. Both were paralytic.

Vaccination against Poliomyelitis has continued during the year. In the Spring abundant supplies of Canadian and American vaccines enabled us to eliminate the waiting list. It is gratifying that an increased volume of this work has been done by General Practitioners.

In the Autumn vaccination was made available to a wider group of persons comprising:-

- (1) All persons up to the age of 26.
- (2) Expectant Mothers.
- (3) Persons particularly at risk, e.g. medical, nursing and ambulance staff.

Arrangements were made for these to be done by family doctors, at clinics, or at places of work where this is the most satisfactory arrangement. During the week beginning 27th October a campaign to publicise these extended

arrangements was held throughout Middlesex. This included radio and television broadcasts, local press publicity, and distribution of leaflets and pamphlets. An offer was made to the management of all factories to immunise staff at work. Where interest in this proposal was apparent a visit was made by the Health Inspector in whose area the factory was situated to further explain the scheme. This has resulted in encouraging response and a programme of immunisation sessions has been arranged at a significant number of factories in the Borough.

In the Autumn, arrangements also commenced whereby a third dose of vaccine was given after an interval of seven months.

The figures for vaccination in Ealing from the beginning of the scheme until the end of the year are:-

Number vaccinated with two doses	Group
28,884	6 months - 15 years.
1,288	16 years - 26 years.
1,467	Expectant Mothers.
145	Doctors and families.
40	Ambulance staff and families.

It is estimated that 76.5% of children up to 15 years of age have been immunised with two doses.

By the end of the year 10,145 third doses had been given.

PUERPERAL PYREXIA.

The Puerperal Pyrexia Regulations 1951 require the medical practitioner in attendance to notify the Medical Officer of Health of any febrile conditions occurring in a woman in whom the temperature of 100.4°F. or more has occurred within 14 days after childbirth or miscarriage.

In Ealing, during 1958, 67 such notifications were received. 64 of these occurred among the 875 Ealing mothers confined in Perivale Maternity Hospital (7.3%) and this may be compared with the 4 notifications received relating to 739 mothers confined at home (0.4%).

The percentages for the year 1957 of 7.7% for hospital confinements and 1.2% for domiciliary confinements do not vary to any great extent but it is gratifying to see that the cases of pyrexia among women confined at home, although low in 1957, were still lower in 1958.

Two probable explanations for the comparatively high incidence among hospital deliveries may be suggested. Firstly very careful selection is made by the Local Health Authority's medical officers and by the hospital staff before expectant mothers are allocated a hospital bed and highest priority is given to those where labour is expected to be difficult or complicated. Consequently there is a higher rate of abnormal deliveries in hospital. Surgical interference in such cases adds considerably to the risk of a post partum rise of temperature.

Secondly, in spite of the most stringent aseptic precautions there is still a definite risk of cross infection in hospital - a risk which is not run by women confined in their own homes. Rarely is infection nowadays of a really serious nature thanks to the discovery of antibiotics.

SCARLET FEVER.

232 cases were notified compared with 95 in 1957.

SMALLPOX.

There were no cases. Two families were kept under surveillance following their disembarkation from a ship in which a case had occurred in a Lascar seaman. All members of the families had been vaccinated and they remained in good health.

The number of infants in Ealing vaccinated in their first year of life in 1958 was 1,727 which represents approximately 66%.

TUBERCULOSIS.

There were 97 pulmonary notifications, 65 males, 32 females, compared with 113, 80 males, and 33 females in 1957. Non-pulmonary cases consisted of 5 males and 3 females. There were 10 pulmonary deaths and no non-pulmonary deaths.

WHOOPIING COUGH.

85 notifications were received compared with 131 in 1957. Immunisation against Whooping Cough now consists of three injections and is completed early in the second year of life. 1,502 infants were immunised against whooping cough in Ealing in 1958, which it is estimated represents 56%.

WINTER VOMITING.

During the year there have been several outbreaks of vomiting at schools in the Borough. They have appeared to be similar to outbreaks which have been described in various parts of the World since first being noted some 30 years ago in America when they were given the name "Winter Vomiting". Although it has never been possible to demonstrate the organisms responsible it is considered likely that it is a virus and that it is an upper respiratory tract infection. The various outbreaks described have been generally similar, consisting of sudden vomiting, a feeling of illness and mild temperature and only a few instances of diarrhoea. During the year there were three such outbreaks in Ealing. The first occurred in October in an Infant and Junior School on the same site. 36 children and 11 staff were affected on one day. 50% of these were back at school next day but a few severe cases were absent for several days. The second outbreak occurred in a Nursery class, the majority of children in the class were affected as well as the teacher and nursery assistant. A slight general feeling of illness during the afternoon was followed by vomiting in the night. Most children were back at school within two days.

The third outbreak occurred in a Junior School in November. Early in the month three children were affected and three weeks later on three successive days three or four children were affected. All were from the same class and in some instances the same child was affected on successive days. Most children were better on the following day.

TUBERCULOSIS

Age Periods	New Cases																							
	Pulmonary												Non-Pulmonary											
	1953		1954		1955		1956		1957		1958		1953		1954		1955		1956		1957		1958	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 5	5	2	3	1	1	-	2	1	4	1	1	2	-	-	2	-	1	-	1	-	-	1	-	-
5 - 14	7	4	1	2	1	1	2	5	4	1	1	1	1	2	-	2	4	-	-	-	-	-	-	-
15 - 24	15	38	13	24	16	14	14	21	16	12	16	10	-	1	1	2	2	3	2	-	1	1	-	1
25 - 44	30	43	23	26	21	26	22	21	18	12	20	12	2	4	1	4	2	4	1	4	2	6	3	1
45 - 64	39	9	23	11	23	7	29	9	26	5	23	5	4	4	1	3	1	2	4	1	3	1	2	1
Over 65	7	6	3	2	6	3	4	4	12	2	4	2	1	1	-	1	2	1	-	-	-	-	-	-
Total	103	102	66	66	68	51	73	61	80	33	65	32	8	12	5	12	10	14	8	5	6	9	5	3

Age Periods	Deaths																							
	Pulmonary												Non-Pulmonary											
	1953		1954		1955		1956		1957		1958		1953		1954		1955		1956		1957		1958	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
5 - 14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15 - 24	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
25 - 44	4	4	3	2	3	1	1	-	1	2	1	1	-	1	-	-	1	-	-	-	-	-	-	-
45 - 64	2	3	5	3	5	-	11	2	6	3	2	2	-	-	-	1	1	-	1	-	1	-	-	-
Over 65	5	3	4	2	6	1	5	2	6	2	2	2	-	-	-	-	-	-	-	-	1	-	-	-
Total	18	10	12	7	4	3	17	4	13	7	5	5	-	1	-	1	3	-	1	-	2	1	-	-

SECTION 2**SANITARY CIRCUMSTANCES OF THE BOROUGH****WATER.**

There are three sources of supply in the Borough. The Northolt, Greenford North, Greenford Central and Greenford South Wards, most of Perivale Ward and part of Hanger Hill Ward are supplied by the Rickmansworth and Uxbridge Valley Water Company with the exception of four roads (in part) in the Perivale Ward and one road (in part) in the Hanger Hill Ward which are served by the Colne Valley Water Company. The remainder of the Borough is supplied by the Metropolitan Water Board. These supplies are not subject to plumbo-solvent action and have been satisfactory both in quantity and quality. Water from public mains is supplied to 53,983 houses with an estimated population of 183,000.

9 samples were taken from wells at five factories in the Borough using water from deep borings ranging in depth from 300 to 600 feet. The analysis showed that the supplies were wholesome in character.

5 samples were taken from different points in a School Kitchen and these were found to be satisfactory.

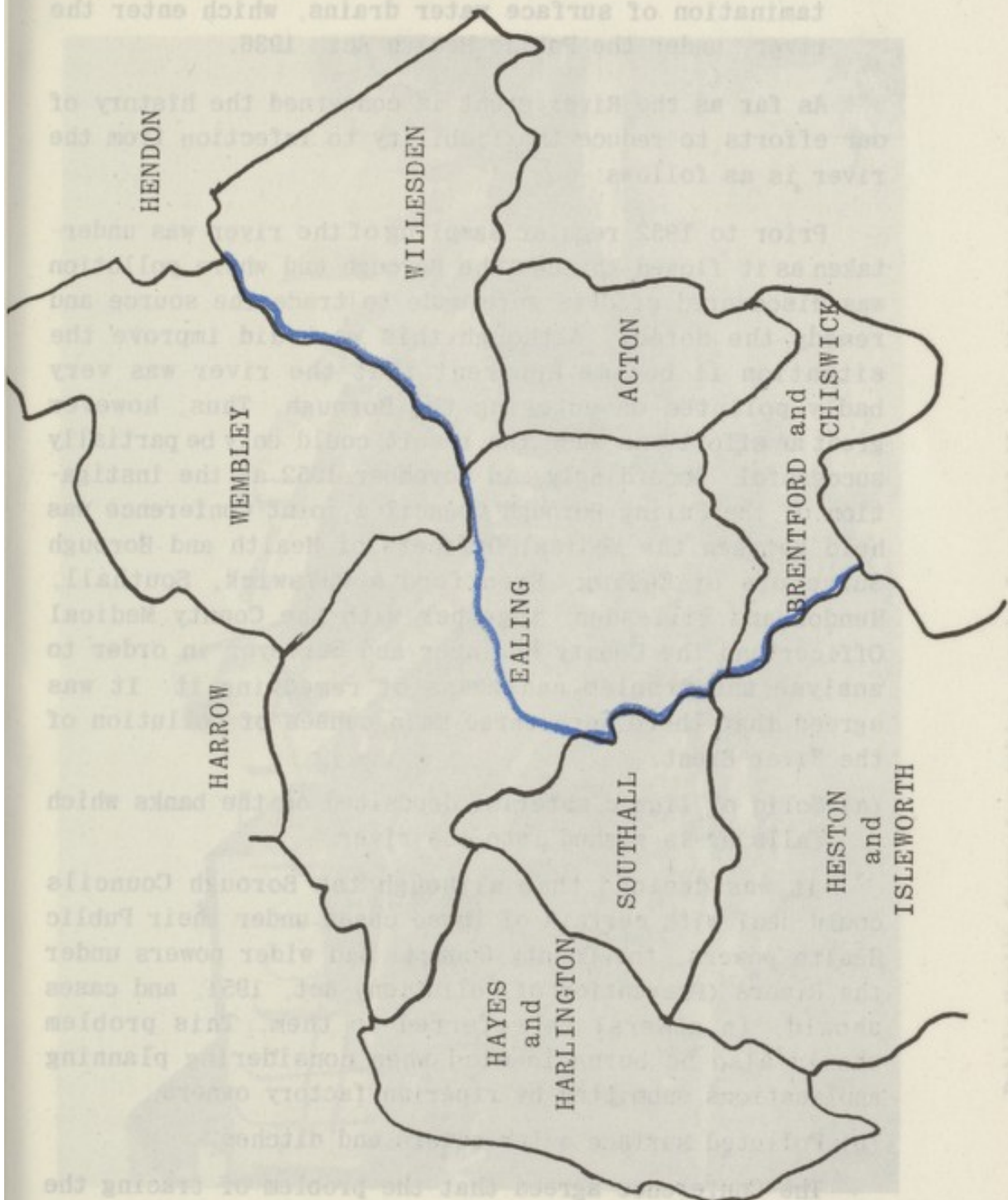
DRAINAGE AND SEWERAGE.

The soil sewerage from the district flows to the West Middlesex Drainage Works at Mogden. The surface water finds its way out of the district by the various water courses.

21 premises are still not connected to the Council's sewers.

RIVERS AND STREAMS.

The passage of a river through industrial areas has inevitably resulted in such waterways being used to a greater or lesser extent as sewers. With the taking of surface water drainage into such rivers it is always possible for soil drainage, where wrongly connected, to lead to considerable faecal contamination, and for industrial wastes to lead to chemical contamination. This has happened in the Ealing portion of the River Brent and in districts through which the river runs before its entry into Ealing. It is clear therefore that even under the very best conditions it would be unwise to trust the River Brent as a "safe" river.



The Course of the River Brent

Responsibility for prevention of pollution of rivers is divided thus:-

- (1) County Councils are responsible for the river itself under the Rivers (Prevention of Pollution) Act, 1951.
- (2) Borough Councils are responsible for preventing contamination of surface water drains, which enter the river, under the Public Health Act, 1936.

As far as the River Brent is concerned the history of our efforts to reduce the liability to infection from the river is as follows:-

Prior to 1952 regular sampling of the river was undertaken as it flowed through the Borough and where pollution was discovered efforts were made to trace the source and remedy the defect. Although this work did improve the situation it became apparent that the river was very badly polluted on entering the Borough. Thus, however great an effort was made the result could only be partially successful. Accordingly, in November 1952 at the instigation of the Ealing Borough Council a joint Conference was held between the Medical Officers of Health and Borough Surveyors of Ealing, Brentford & Chiswick, Southall, Hendon and Willesden, together with the County Medical Officer and the County Engineer and Surveyor in order to analyse the problem and means of remedying it. It was agreed that there were three main causes of pollution of the River Brent.

- (a) Solid or liquid material deposited on the banks which falls or is washed into the river.

It was decided that although the Borough Councils could deal with certain of these cases under their Public Health powers, the County Council had wider powers under the Rivers (Prevention of Pollution) Act, 1951, and cases should, in general be referred to them. This problem should also be borne in mind when considering planning applications submitted by riparian factory owners.

- (b) Polluted surface water sewers and ditches.

The Conference agreed that the problem of tracing the sources of pollution in such cases involved an immense amount of work and patient observation, especially where the discharge was intermittent and progress was limited by the manpower available. The County Council was conducting a survey in conjunction with other local authorities concerned, and samples taken each month from suspected



Public Health Inspector taking sample from outfall into the River Brent

outfalls were referred to the Borough Councils for investigation. Copies of the analyst's reports would in future be supplied for Medical Officers of Health, through Borough Surveyors, to ensure co-ordination between the respective Departments

(c) Storm water overflows from local authority sewers.

The Conference agreed that the solution of this aspect of the problem would involve very heavy capital expenditure, for which the Minister was not prepared to grant loan sanction at the present time.

During 1953 work continued along the lines envisaged at the Conference.

In March 1953, a meeting of the Medical Officers of Health and Chief Public Health Inspectors of Middlesex, together with the County Engineer and the Chief Chemist from Mogden was held in order to further encourage work on river pollution.

Despite these efforts samples still showed pollution and in June 1953 it was decided to notify all schools regarding the inadvisability of bathing in the river. Efforts too were made by press and other publicity to acquaint property owners of the danger to health caused by illegal drain and sewer connections.

During 1954 efforts to prevent pollution reached a peak, namely 500 inspections being made and over 100 defects being remedied.

In September 1955 the Middlesex County Council, who had hitherto undertaken analyses of samples, informed us that owing to staff shortages they were forced to discontinue the service. Arrangements were therefore made with a private analyst.

The work continued at a high level in 1955 but shortage of staff reduced this considerably in 1956. The staffing position had improved sufficiently by 1957 to enable a renewed effort to be made. This year, however, other commitments have again reduced the time available for this work. The following table shows the work done in the last five years:-

	1954	1955	1956	1957	1958
No. of inspections	474	325	126	251	83
No. of samples taken					
(1) By County					
Engineer	20	27	19	22	19
(a) Satisfactory	11	14	12	12	5
(b) Unsatisfactory	9	13	7	10	14
(2) By Public Health					
Inspectors	27	—	—	3	—
(a) Satisfactory	11	—	—	3	—
(b) Unsatisfactory	16	—	—	—	—
No. of drainage defects remedied					
(a) In factories	55	21	1	7	2
(b) In houses	52	32	16	14	10

The sources of pollution can be analysed as follows:-

Sinks	119
W.Cs.	5
Industrial Wastes	53
Soil sewers and drains	33
	<u>210</u>

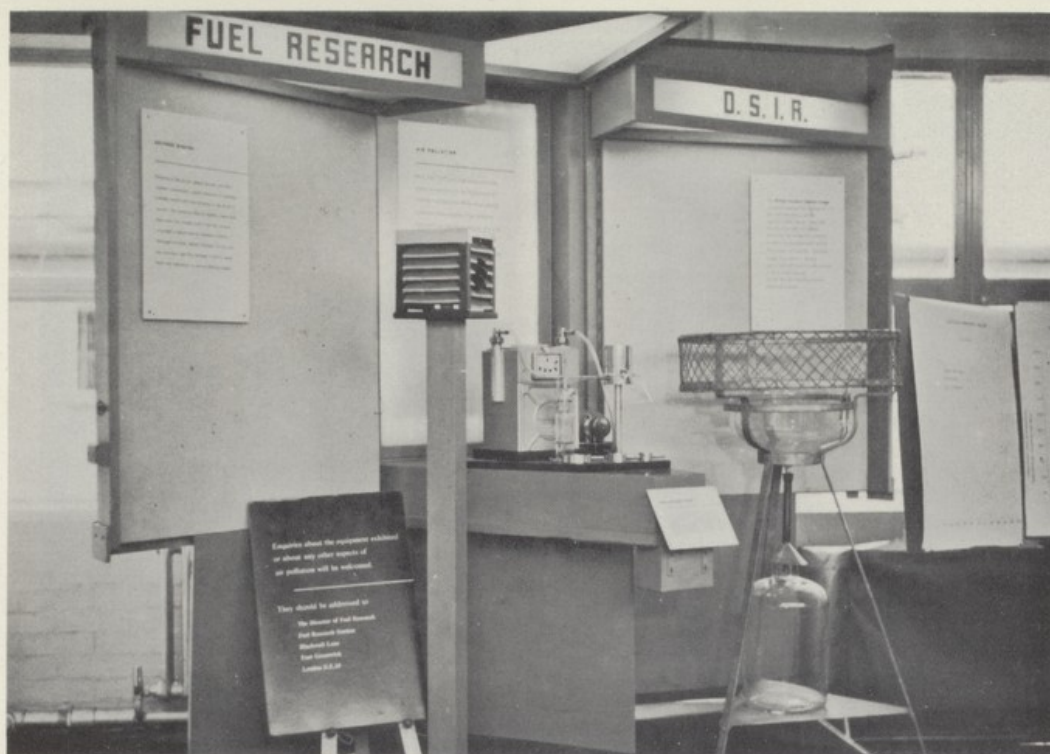
During recent years the work done in Ealing has had considerable success. When considering how further improvement can be achieved it must be realised that the effort must be a joint one. The River Brent from its source at the Welsh Harp to the point where it leaves Ealing at Brentford is approximately 8.5 miles. For the first 2.5 miles of its course it flows through Willesden and Wembley. During its six miles course through the Borough, for three miles the left bank is in neighbouring districts, thus any renewed effort to prevent pollution must be made by Ealing, Willesden, Wembley and Southall in conjunction.

Secondly, it must be appreciated that tracing pollution is a time consuming practice requiring patient, unhurried and methodical investigation. There is no short cut to this and with the many other demands made upon the time of Health Inspectors it is not always possible to provide the necessary staff.

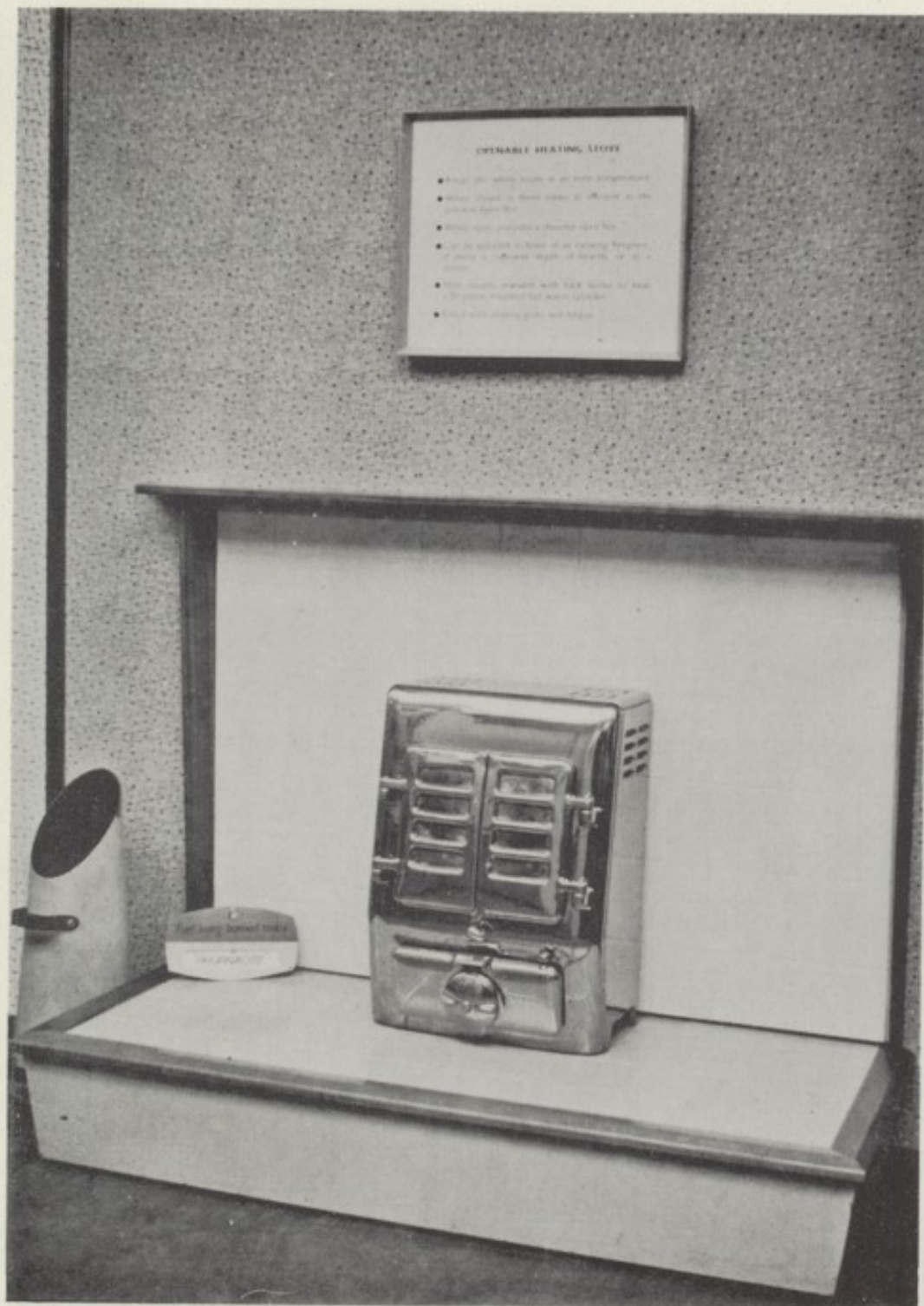
ATMOSPHERIC POLLUTION.

Clean Air Act, 1956.

A Smoke Control Order was made by the Council in December and now awaits the Minister's confirmation. This



CLEAN AIR EXHIBITION
Fuel Research Station's stand



CLEAN AIR EXHIBITION
Part of Coal Utilisation Council's stand



CLEAN AIR EXHIBITION
Part of North Thames Gas Board's stand



CLEAN AIR EXHIBITION
Part of Southern Electricity Board's stand

will, it is expected, be given by June 1959 and will come into operation in December 1959. The area comprises 385 acres on the Northolt Grange Estate containing 1,301 houses of which 464 are private and 837 Council, and 15 other premises. When the Order comes into operation it will be an offence to permit the emission of smoke from chimneys caused by the burning of other than authorised smokeless fuels. In many instances, in order to burn these fuels replacement or adaptation of existing grates will be required. Grants amounting to 7/10ths of the expenditure will be available through the Local Authority towards the cost of any adaptation which may be reasonably necessary. It should be emphasised that in order to qualify for this grant

- (1) expenditure on adaptation must be incurred after confirmation of the Order but before its coming into operation, a period of at least six months. Notice will be given in the local press prior to the Order being confirmed by the Minister.
- (2) It must be incurred with the written approval of the Local Authority and adaptations must be carried out to their satisfaction.

A Clean Air Exhibition was held at Downe Manor School, Northolt, from the 10th to the 16th April, 1958, to give residents in the Smoke Control Area an opportunity of seeing a selection of approved electrical, gas and solid fuel appliances. The Exhibition was opened by His Worship The Mayor and during the six days approximately 700 adults and 800 school children attended. This must be considered very satisfactory as it was held in an isolated part of the Borough so that the people affected by the Order should be those most easily able to attend. The many enquiries received indicated considerable interest in the scheme.

Atmospheric Pollution Gauges.

Three atmospheric deposit gauges and three lead peroxide instruments are sited in the Borough. One site is in Longfield Depot at the rear of the Town Hall, the second at Greenford Green Health Centre and the third was at the rear of 44 Long Drive, Greenford from 1.1.58 to 31.7.58 and then transferred to 140 Birkbeck Avenue, Greenford. There is also an instrument situated in the Town Hall for the measurement of the daily mean concentration of smoke and sulphur dioxide.

A Smoke Stain Reflectometer employing a photo-electric cell is now being used to assess the smoke filter papers. Until now visual estimation of the smoke stain with a standard scale of shades has been employed. The new apparatus has a distinct advantage over this method as it eliminates inaccuracies inherent in visual estimation even by a trained observer.

The results obtained from these instruments are given in the following tables.

1958	Deposited matter expressed as tons per square mile per month			Sulphur compounds by lead peroxide method expressed as milligrams SO_3 /day collected by 100 sq. cm. of Batch A PbO_2		
	Long Drive	Longfield Depot	Greenford Green	Long Drive	Longfield Depot	Greenford Green
Jan.	14.07	14.74	8.86	2.56	4.04	2.35
Feb.	19.11	12.94	11.34	2.38	3.45	2.16
March	15.11	16.31	10.90	3.03	4.01	2.67
April	11.67	12.54	7.65	2.11	2.44	1.26
May	15.01	15.10	14.84	1.04	1.73	0.90
June	15.17	13.01	11.95	1.09	1.67	0.93
July	9.98	10.47	9.76	0.71	1.52	0.67
	Birkbeck Avenue			Birkbeck Avenue		
Aug.	6.21	7.70	5.27	0.73	1.33	0.47
Sept.	9.57	10.14	7.79	0.85	1.21	0.82
Oct.	10.54	11.94	8.72	1.00	1.46	0.97
Nov.	14.17	11.67	5.03	1.44	2.58	1.82
Dec.	18.74	17.21	8.96	1.37	2.49	1.94

Average Monthly Concentrations of Smoke and Sulphur Dioxide at the Town Hall

1958	Smoke in Milligrammes per 100 cubic metres	Sulphur Dioxide in parts per hundred million
Jan.	15.45	8.7
Feb.	13.21	8.0
March	15.22	10.8
April	8.97	5.9
May	4.16	3.2
June	6.38	2.7
July	4.12	2.8
Aug.	3.65	2.1
Sept.	6.92	3.7
Oct.	12.19	5.7
Nov.	23.77	11.5
Dec.	20.89	9.6

FOOD HYGIENE.

It is pleasing to report that excellent co-operation between the food traders and the Public Health Department

still continues, and it was not found necessary to take legal proceedings in any case during the year to enforce the provisions of the Food Hygiene Regulations. The contact made with the owners of food premises and their staff during the lectures has resulted in many improvements in premises and equipment being carried out voluntarily and advice being sought from the Public Health Inspectors.

During 1958, 29 lectures were given to food handlers and 143 received Certificates of Attendance upon completing the course. Since the scheme commenced 478 lectures have been given and 1,928 persons have received Certificates of Attendance. In addition 19 talks on Food Hygiene were given by the Public Health Inspectors to approximately 780 school-leavers at the Grammar and Secondary Modern Schools in the Borough. The number of Certificates of Food Hygiene awarded to food establishments is now 59, 4 new Certificates being issued during the year.

2,272 Inspections of food premises were made and 290 repairs and improvements were carried out.

The film-strip on Food Hygiene made by the Council in 1954 is still in demand, a further 6 copies having been sold during the year. This makes a total of 120 copies sold.

SLUM CLEARANCE.

Compulsory Purchase Orders.

35, 37, 39, 41, 43 & 45 The Grove, W.5.	)	(KNOWN AS THE GROVE CLEARANCE AREA).
1, 2, 3, 4, 5, 6, 7, 8, 9 & 10 Rose Cottages, Western Road, W.5.	)	A Compulsory Purchase Order in respect of these properties was made by the Council in August, 1957. A Public Local Inquiry was held by an Inspector of the Ministry of Housing & Local Government on the 22nd January, 1958, as a result of which the Compulsory Purchase Order was confirmed to take effect as from the 28th June, 1958. All the houses are still occupied pending the adoption of a scheme for the development of the area.
1, 2, 3 & 4 Providence Place, W.5.)	
1, 2, 3, 4, 5, 6, 7, 8, 9 & 10 Grove Cottages, W.5.)	

Closing Orders.

51 Green Lane, W.7.	A Closing Order was made in respect of this property. The tenants have been re-housed by the Council and a schedule of works for the re-conditioning of the whole premises has been agreed.
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Basement Dwellings.

18b Drayton Green Road,
W.13.

This basement was rendered fit by the owners and the Closing Order was determined by the Council.

11a Argyle Road, W.13.

An Undertaking was accepted from the owner not to relet the premises after vacation of the premises until an approved schedule of works had been carried out. The tenant has been re-housed by the Council and the works are now in progress.

BATHS AND SWIMMING POOLS.

The Council's Swimming Baths in Longfield Avenue are equipped with pressure filters for continuous filtration and the water is treated with chlorine under strict supervision. Tests for the efficiency of chlorination are taken daily.

There are two privately owned swimming pools in the Borough, both of which are fitted with filtration and chlorination plants.

PUBLIC MORTUARY.

The arrangement with the Acton Council for the use of the Acton Mortuary was continued during the year. 272 bodies were taken to this Mortuary and post-mortem examinations were carried out in every case.

SECTION 3

SANITARY INSPECTION

THE WORK OF THE PUBLIC HEALTH INSPECTORS IN 1958

I append a report to the Medical Officer of Health by the Chief Public Health Inspector giving details of the work of the Public Health Inspectors during the year.

PUBLIC HEALTH ACT, 1936

Inspections.

Premises inspected on complaint	2,163
Other nuisances observed by Inspectors	118
Premises inspected in connection with infectious disease	840
Smoke observations	223
Houses without water supply	69
Inspections of moveable dwellings	18
Other inspections	1,901
Re-inspections	5,828
Intimation Notices served	1,332
Statutory Notices served	106
Letters written	2,060
Proceedings before magistrates	9

Legal Proceedings.

PUBLIC HEALTH ACT, 1936, SECTIONS 93, 45 & 39

Non-compliance with Statutory Notices

In 9 cases legal proceedings were taken to enforce compliance with notices requiring the abatement of nuisances. In 2 cases Orders were made by the Magistrates for the necessary work to be carried out within a stated period.

The other 7 cases were adjourned sine die as the work was in hand.

CLEAN AIR ACT, 1956

Inspections in connection with proposed Smoke Control Area	789
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FOOD AND DRUGS ACT, 1955

Food Hygiene Regulations, 1955

Milk and Dairies Regulations, 1949 to 1954

Complaints received	138
Inspections of Milk Purveyors' Premises	92

Contravention of Regulations	—
Inspections of Ice Cream Premises	276
Food Inspections	480
Inspections of Other Food Premises	1,904
Contraventions found	200
Notices served	200
Proceedings before Magistrates	2
Samples of Milk and Cream taken	24
Samples of Ice Cream taken	111
Samples of Synthetic Cream taken	40
Samples of other foods taken	15

Legal Proceedings.

FOOD AND DRUGS ACT, 1955

In the following 2 cases proceedings were instituted under this Act:-

1. Cigarette end in bread - £10 fine, £2.2.0. costs.
2. Cigarette end in bun - £25 fine.

List of Food Premises in the Borough of Ealing

Bakehouses	28
Bakers' shops	55
Butchers	126
Cafés and Restaurants	148
Canteens - factory	75
Canteens - school	26
Confectioners	243
Dairies and Milk Sellers	76
Fish Fryers	23
Fishmongers	36
Greengrocers	164
Grocers	331
Ice Cream Manufacturers	4
Public Houses	64
Premises registered for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food	112
Premises registered for the sale of Ice Cream	375

Milk Supply.

There are 90 registered distributors of milk in the Borough.

During the year licences for the sale of milk under the Milk (Special Designations) Regulations were granted as follows:-

	Dealer's Licences	Supplementary Licences	Total
Tuberculin Tested Milk	50	15	65
Pasteurised Milk	61	17	78
Sterilised Milk	55	17	72

Under the provisions of the Milk (Special Designations) (Specified Area) Order 1951, all milk sold by retail in the Borough must be "designated milk", i.e. Tuberculin Tested, Pasteurised or Sterilised Milk.

24 samples of milk were taken and submitted to the Methylene Blue and Phosphatase Tests at the Public Health Laboratory, Ealing.

The results were as follows:-

Designation	Samples	Phosphatase		Methylene Blue	
		Passed	Failed	Passed	Failed
Pasteurised	19	19	-	17	2
T.T. Pasteurised	5	5	-	5	-

In addition 138 samples of Pasteurised Milk from processing plants in the Borough were taken by the Officers of the County Council who are the licensing authority under the Milk (Special Designations) Regulations.

Ice Cream.

There are 375 premises in the Borough registered for the sale of ice cream.

It was found that their ice cream is obtained from 4 registered manufacturers in the Borough or from 3 manufacturers outside the Borough. Samples from each of these manufacturers were taken once or more during the year, a total of 111 samples of ice cream and ice cream constituents being submitted for bacteriological examination.

The results were as follows:-

Commodity	Samples	Grade				Not graded
		1	2	3	4	
Ice Cream - Local Manufacture	94	51	32	1	10	-
Ice Cream - Other Manufacturers	15	3	7	3	2	-
Ice lollies	2	1	-	-	1	-
	111	55	39	4	13	-

The 10 local samples placed in Grade 4 were followed up by an inspection of the factory and plant, and repeat samples proved to be satisfactory.

The two Grade 4 samples manufactured outside the Borough were reported to the Local Authority concerned and subsequent repeat samples proved satisfactory.

Ice Cream Heat Treatment Regulations, 1947-1952

There are 7 premises registered for the manufacture of ice cream but only 4 of these are in regular use. All the registered ice cream manufacturers in the Borough are equipped in accordance with the conditions laid down in the Regulations.

Synthetic Cream.

40 samples of synthetic cream were taken from the local manufacturer. 39 were found to be satisfactory and 1 was doubtful. A repeat sample subsequently proved to be satisfactory.

Inspection of Meat and Other Foods.

The following foodstuffs were condemned by the Public Health Inspectors as unfit for human food in the course of their inspections of the various food premises in the Borough:-

	lbs.
Bacon	68½
Beef	1,580
Butter	½
Cheese	36½
Chicken	127
Corned Beef	663½
Currants	49½
Fish	203
Flour	61
Ham	19¼
Kidneys	63
Lamb	52½
Liver	29
Luncheon Meat	6½
Mutton chops	12
Ox tails	19
Pork	125½
Potatoes	56
Rabbit	56
Rice	14
Sausages	120½

	lbs.
Sultanas	38
Turkey	30½
Veal	119
Wafers	1,680
Foodstuffs not calculated by weight:-	
Assorted tins, packets, jars, cases and boxes ..	4,562
Herrings	1 barrel
Apple Pulp	7 barrels
Pigs kidneys	20
Pâté de fois gras	1
Turkeys	5
Portions of turkey ..	2 legs

MIDDLESEX COUNTY COUNCIL ACT, 1950, SECTION 11

Under this Section, 7 persons were registered during the year for the sale of food from carts, barrows, other vehicles etc. There were 47 persons on the Register at 31st December, 1958.

HOUSING STATISTICS

1. Inspection of dwelling-houses during the year:
 - (1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) 1,968
 - (2) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Act, 1957 .. 21
 - (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .. 7
 - (4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation 1,306
2. Remedy of defects during the year without service of formal notices:

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers 1,131
3. Action under Statutory Powers during the year:
 - A - Proceedings under Sections 9, 10 and 12 of the Housing Act, 1957
 - (1) Number of dwelling-houses in respect of which notices were served requiring repairs
 - (2) Number of dwelling-houses which were rendered fit after service of formal notices:
 - (a) by Owners -
 - (b) by Local Authority in default of owners .. -
 - B - Proceedings under Public Health Act:
 - (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 91

(2) Number of dwelling-houses in which defects were remedied after service of formal notice:	
(a) by Owners	63
(b) by Local Authority in default of owners	-
C - Proceedings under Sections 16, 23 and 24, Housing Act, 1957:	
(1) Number of dwelling-houses in respect of which Demolition Orders were made	-
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	-
(3) Number of houses concerning which action has been taken by the Local Authority under Section 16, and with respect to which owners have given an undertaking that they will not be used for human habitation	1
(4) Number of houses where demolition orders were revoked after reconstruction	-
D - Proceedings under Sections 17, 18 and 27, Housing Act, 1957:	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	1
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	1

RENT ACT, 1957

The following table gives details of applications received for Certificates of Disrepair during the year:

Part I

Applications for Certificates of Disrepair

(1) Number of applications for certificates	154
(2) Number of decisions not to issue Certificates	-
(3) Number of decisions to issue Certificates:	
(a) in respect of some but not all defects	112
(b) in respect of all defects	42
(4) Number of undertakings given by landlords under paragraph 5 of the First Schedule	101
(5) Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	-
(6) Number of Certificates issued	68

Part II

Applications for Cancellation of Certificates

(7) Applications by landlords to Local Authority for cancellation of certificates	66
(8) Objections by tenants to cancellation of certificates	23
(9) Decisions of Local Authority to cancel in spite of tenants' objections	1
(10) Certificates cancelled by Local Authority	44

NEW DWELLINGS, 1958

Completion figures for the 12 months period ending 31st December, 1958 were:-

Houses (1 bedroom)	-
Houses (2 bedrooms)	-
Houses (3 bedrooms)	-

Flats (bedsitters)	-	50
Flats (1 bedroom)	-	49
Flats (2 bedrooms)	-	96 (84 Flats: 12 Maisonettes)
Flats (3 bedrooms)	-	6

FACTORIES ACTS, 1937 AND 1948

Part I of the Act

1. Inspections for the purposes of provisions as to health (including inspections made by the Public Health Inspectors):-

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	75	5	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	441	515	56	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
Total	516	520	56	-

2. Cases in which defects were found:-

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness	15	17	-	1	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences:					
(a) Insufficient	9	10	-	5	-
(b) Unsuitable or defective	13	16	-	3	-
(c) Not separate for sexes	1	1	-	-	-
Other offences against the Act (not including offences relating to out-workers)	10	12	-	1	-
Total	48	56*	-	10	-

*This figure includes certain defects which were outstanding at the end of 1957.

Part VIII of the Act - Outwork

Nature of Work	Section 110	Section 111
	No. of out-workers in August list required by Sect. 110(1)(c)	No. of instances of work in un-wholesome premises
Wearing apparel:		
Making, etc.	273	-
Cleaning and Washing	1	-
Furniture and upholstery	2	-
Artificial flowers	7	-
Paper bags	7	-
Making of boxes or other receptacles or parts thereof made wholly or partially of paper	8	-
Carding, etc. of buttons, etc.	24	-
Stuffed toys	24	-
Cosaques, Christmas crackers, Christmas stockings, etc.	51	-
Lampshades	4	-
Brass and Brass articles	1	-
Total	402	-

During 1958, 17 inspections of Outworkers premises were carried out by the Public Health Inspectors.

SHOPS ACT, 1950

Improvements under Section 38 of the Shops Act, 1950, relating to the health and comfort of shop workers were carried out in 53 instances:

Lighting and ventilation improved	8
Sanitary accommodation improved	27
Washing facilities provided	18

PREVENTION OF DAMAGE BY PESTS ACT, 1949

The following is a summary of the work carried out by the Rodent Operatives acting under the supervision of the Chief Public Health Inspector.

Complaints	886
Premises inspected	1,046
Premises found to be infested with:	
1. Rats	746
2. Mice	159
Re-visits to infested premises	3,119
Fees received for treatment	£593.14.0d.

Rodent Control in Sewers

In accordance with the requirements of the Ministry of Agriculture, Fisheries and Food (Infestation Control Division), maintenance treatments of the soil sewers in the Borough were carried out during April and October.

A total of 1,900 sewer manholes were dealt with and of these 475 were found to be rat infested. Poison baits were used in the infested manholes.

DISINFECTION

Number of houses where disinfection was carried out	97
Number of houses disinfested of vermin	50
Number of articles disinfected by steam	-
Number of articles disinfected by formalin spray	209
Number of articles voluntarily destroyed	175

The arrangement made with the Hammersmith Metropolitan Borough Council in 1952 whereby articles to be disinfected by steam are dealt with at the Scotts Road Depot, W.12, was continued during the year.

SUMMARY OF SANITARY DEFECTS REMEDIED AS A RESULT OF NOTICES SERVED AND LETTERS WRITTEN

Animals - nuisances abated	-
Caravans - nuisances abated	-
Cesspools - cleansed	-
Damp proof courses inserted in walls	28
Dampness - other forms remedied	189
Drains - connected to sewer	-
Drains - cleared and cleansed	442
Drains reconstructed	64
Drains - repaired	197
Drains - new soil and ventilating pipes provided	24
Dustbins provided	186
Firegrates - repaired or renewed	97
Floors - sub-floor ventilation provided	29
Floors - repaired or renewed	94
Food cupboards ventilated	1
Rainwater eaves gutters, downpipes repaired	243
Refuse - accumulations removed	91
Roofs repaired	197
Sinks repaired or renewed	28
Sink waste pipes repaired or renewed	40
Staircases repaired	31
Walls and ceilings repaired or cleansed	206
Water supply reinstated	69
Water supply - draw taps fixed to main supply	4
Water closets - repaired, reconstructed or improved	78
Windows and doors repaired	194
Yards paved or repaired	51
Other defects remedied or nuisances abated	183

SUMMARY OF WORK DONE AND IMPROVEMENTS CARRIED OUT AT FOOD PREMISES

Walls and ceilings repaired and cleansed	75
Floors repaired	27
Lighting and ventilation improved	8
Washing facilities provided	18
Hot water provided	15
Sinks provided	11
Storage accommodation improved	13
Water closets cleansed or repaired	27
Refrigeration installed or improved	15
Equipment improved	34
Other defects remedied	47

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

Seven premises in the Borough are registered under the Act, which provides for the use of clean filling materials in any form of upholstery, bedding and certain other stuffed articles.

In only three of these premises is work within the scope of the Act being carried on at present.

All these premises were inspected during the year and only materials carrying the Certificate of the British Standards Institution were found to be used.

PET ANIMALS ACT, 1951

15 licences were renewed by the Council during the year after the premises had been inspected by the Public Health Inspector.

SECTION 4

GENERAL

MEALS ON WHEELS.

The entire Borough is covered by a Meals on Wheels service to deliver hot meals to old people who have difficulty in providing them for themselves. Meals are cooked centrally and delivered by van in heated containers.

In the Ealing and Hanwell area this is operated by the British Red Cross Society. Meals are delivered from two to five times weekly and the number of old people served is 56. The total number of meals delivered last year was 13,166.

In the Greenford, Perivale and Northolt areas the service is operated by the Womens Voluntary Service. A paid Cook is now employed, but the rest of the work, i.e. preparing vegetables, driving the van, delivery of meals and washing up is done by voluntary workers. It is now possible to provide special meals for those on restricted diets. During 1958, 4,880 meals were served. The number of old people being so helped at the end of the year was 57, each receiving two meals per week.

CHIROPODY.

The Chiropody Service has been operated by the British Red Cross Society from the 1st April, 1958. Old people normally attend approximately every two months and treatment is now given at 14 different places in the Borough as follows:-

Health Clinics	5
Community Centres	3
Almshouses	1
Old People's Home	1
Private Surgeries	4

In addition treatment is given in their homes to housebound patients. There is a considerable demand for this service but it has been possible to avoid a waiting list.

The totals of attendances were as follows:-

Total number of individual patients	465
Total number of treatments	1,239
Number of patients receiving domiciliary treatment	90
Number of domiciliary treatments	279

OLD PEOPLE'S WORK CENTRE.

A notable addition to the services available to old people in the Borough was made in 1958, by the inauguration of an Old Persons Work Centre by the Ealing Central Aid Committee for the Employment and Recreation of Elderly Citizens. This Committee is widely representative of Ealing life, and membership includes nominees of the Borough and County Councils and trade organisations. The object of the scheme is to provide remunerative employment for old people under protected conditions and thereby give them a sense of being wanted by the community, to enable them to overcome loneliness in communal work and to provide themselves with small comforts from their wages. The centre is not intended to be financially self supporting, grants being made mainly by the Ealing Borough and Middlesex County Councils. The Work Centre was established in the annexe of the Griffith Davies Memorial Hall in February. On the first day seven elderly people started work and the number rapidly rose to 25, the capacity of the accommodation. The hours of work are 10 a.m. to 12 noon five days a week and the pay is 1/- per hour. The work done has included the following:-

- (1) Sewing buttons on cards.
- (2) Enclosure work for medical mailing.
- (3) Needlework, including making surgical trolley cloths and roller towels for a factory, making drawsheets and various repairs for a nursing home, repairing factory overalls, and repairing bed and table linen for an hotel.
- (4) Stringing swing cards.
- (5) Assembling ball point and fountain pens.
- (6) Enclosing beads in cellophane envelopes and stapling.

It is obvious that no scheme of this nature can function without the interest and co-operation of industrial firms. In this respect we have been most fortunate. The average age of those employed is 72 and ranges between 63 and 83. The beneficial effect is apparent to any visitor to the centre and the present centre, which was intended as a pilot scheme, has demonstrated that expansion and extension to all areas of the Borough is very worth while. It is therefore planned to move to larger premises in Ealing and in addition to open a second centre in Greenford. All assisting in the organisation have up till now been voluntary but clearly a paid Organiser is now essential and plans to this end have been made.



Old People's Work Centre

Our gratitude is due to all those who have helped in this new measure of preventive medicine in the Borough and particularly to Mrs. Corbyn, the Honorary Organiser.

HOLIDAYS FOR OLD PEOPLE.

During the year holidays for old people were arranged by the Womens Voluntary Service and the Greenford Philanthropic Society.

The Womens Voluntary Service Party numbered 200. Considerable publicity was given to the scheme and every effort was made so that the most deserving were selected. They were accommodated in 22 different Guest Houses in Bexhill in May. A nominal charge of £1.1.0d. was made. The weather was good and many entertainments were available for the enjoyment of the old people.

The Greenford Philanthropic Society party numbered 36, and took over an entire Guest House in Ramsgate. A most enjoyable week's holiday was spent, which included coach drives, theatres and other entertainments. Many letters of appreciation were received.

LAUNDRY SERVICE FOR THE INCONTINENT.

The Laundry Service is still continuing to perform an essential service for those people, mainly elderly, in the Borough who are incontinent and for whom no other satisfactory arrangements can be made for the cleansing of bed linen and clothing.

The following table shows the growth of the service since 1953:-

	1953	1954	1955	1956	1957	1958
No. of cases dealt with during the year	46	66	84	78	70	56
No. of cases remaining at end of year	23	47	44	47	39	38
No. of cases that died	18	28	39	26	48	35
No. of cases removed to hospital	18	24	39	28	14	22
No. of cases where other arrangements were made	10	8	7	5	4	2
Total number of articles dealt with	17,587	25,097	34,259	36,755	44,466	36,723
Total number of collections	1,784	2,500	3,347	3,086	3,333	2,766
Average number of articles per collection	9.9	10.0	10.2	11.9	13.3	13.3

Thanks are again due to the Secretary of the Old Peoples Welfare Committee of the Ealing Council of Social Service and the panel of helpers who voluntarily continued the work of repairing worn garments.

NATIONAL ASSISTANCE ACT, 1948.

Section 47.

This section provides for the removal to a suitable hospital or other place of persons who:

- "(a) are suffering from grave chronic diseases or being aged, infirm or physically incapacitated are living in insanitary conditions, and
- (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention."

It has fortunately not been necessary to use these powers this year. In all instances either the assistance of the Home Help, Home Nursing, Health Visiting and Laundry Services have proved successful in keeping the old person satisfactorily at home or persuasion has succeeded in obtaining agreement to admission to hospital or Old Persons Home when necessary.

Section 50 - Burial of the Dead.

Three burials were carried out for which the Council accepted financial responsibility. In one of these the total cost was recovered, in one none of the cost, and in the remaining one a claim on the estate has not yet succeeded.

MASSAGE AND SPECIAL TREATMENT ESTABLISHMENTS.

One new licence was issued during the year and the number of establishments at the end of the year was 27.

Five exemptions were granted to members of the Chartered Society of Physio-therapists.

NURSING HOMES.

No new nursing homes were registered and the existing 8 were inspected as usual.

HEALTH EDUCATION.

Health Education leaflets and Better Health were distributed through the same channels as in past years.

MEDICAL EXAMINATIONS.

Candidates for permanent appointment to the Council's service are required to pass a medical examination on appointment as are manual staff for admission to the Sickness Pay Scheme of the National Joint Industrial Council for Local Authorities Non-Trading Services.

During the year the following examinations were carried out:-

Administrative, Technical and Clerical Staff	41
Sickness Pay Scheme (Servants)	94
Gunnersbury Park Joint Committee Employees	3
Total	<u>138</u>

Nine of the above were rejected for the following causes:-

Anxiety State
 Chronic Bronchitis (2)
 Coronary Thrombosis
 Hypertension
 Prolapsed Intervertebral Disc
 Schizophrenia (2)
 Tuberculosis

SECTION 5

STATISTICAL TABLES

SUMMARY OF STATISTICS

Area (in Acres)	8,781
Population (Census, 1951)	187,306
Population (estimated middle of 1958)	183,000
Rateable Value, 1st April, 1958	£3,377,272
Net Product of a Penny Rate, 1958-59 (Est.)	£13,800

Live Births:-

Legitimate Males,	1,284	Females,	1,239	Total	2,523
Illegitimate Males,	59	Females,	46	Total	105

Birth Rate per 1,000 of Estimated Population 14.4

Still-Births:- Males, 22 Females, 26 Total 48

Rate per 1,000 total Births (Live and Still-Births) 17.9

Deaths:- Males, 979 Females, 928 Total 1,897

Death-Rate per 1,000 of Estimated Population 10.4

Deaths of Infants under one year of age:-

Legitimate Males,	25	Females,	12	Total	37
Illegitimate Males,	1	Females,	1	Total	2

Death-Rate of Infants under one year of age:-

All Infants per 1,000 Live Births	14.8
Legitimate Infants per 1,000 Legitimate Live Births	14.7
Illegitimate Infants per 1,000 Illegitimate Live Births	19.0

Deaths from Diseases and Accidents of Pregnancy and

Childbirth:-

From Sepsis - Nil	Death-Rate per 1,000 Total Births	Nil
From other Causes - Nil	" " " " " "	Nil

NURSING HOMES.

No new nursing homes were registered and the existing 8 were inspected as usual.

HEALTH EDUCATION.

Health Education leaflets and other Health were distributed through the same channels as in past years.

Cases of Infectious and Other Notifiable Diseases notified in the Borough

Disease	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	11	13	16	3	2	-	-	1	-	-	-	-
Scarlet Fever	133	204	176	294	203	402	238	287	108	159	95	232
Enteric Fever (including Paratyphoid)	-	3	8	5	3	2	3	5	7	-	1	-
Puerperal Pyrexia	27	25	27	24	38	70	61	54	44	71	77	67
Pneumonia:												
Primary	127	189	163	173	162	100	157	152	135	113	72	94
Influenzal	3	6	10	6	38	28	74	52	56	48	99	57
Acute Poliomyelitis	46	10	34	42	10	21	13	5	61	46	2	2
Meningococcal Infection	10	2	14	9	2	-	-	6	3	2	2	3
Malaria	1	2	-	4	1	1	3	1	1	-	-	1
Dysentery	5	7	23	24	542	179	132	225	149	193	252	244
Erysipelas	38	32	13	24	17	26	18	18	12	12	13	19
Tuberculosis:												
Pulmonary	204	206	205	209	210	211	205	132	119	134	113	97
Non-Pulmonary	25	27	32	41	24	29	20	17	24	13	16	8
Ophthalmia Neonatorum	5	-	5	3	6	-	-	2	2	2	5	6
Measles	806	1,379	1,450	1,016	3,296	993	2,558	132	2,422	726	1,854	975
Whooping Cough	310	383	303	274	550	77	491	116	156	67	131	85
Food Poisoning	-	-	21	23	86	26	31	78	36	26	20	18
Totals	1,757	2,492	2,503	2,174	5,190	2,165	4,004	1,284	3,335	1,612	2,752	1,908

The number of cases of infectious disease originally notified sometimes varies due to changes of diagnosis and the following table is therefore given to show the final numbers after correction.

Disease		Disease	
Smallpox	-	Food Poisoning	12
Diphtheria	-	Meningococcal Infection	3
Scarlet Fever	232	Malaria	1
Enteric Fever (including Paratyphoid)	-	Dysentery	238
Puerperal Pyrexia	67	Erysipelas	19
Pneumonia		Tuberculosis	
Primary	94	Pulmonary	97
Influenzal	57	Non-Pulmonary	8
Acute Poliomyelitis	2	Ophthalmia Neonatorum	6
Acute Encephalitis	-	Measles	975
Infective	-	Whooping Cough	85
Post Infectious	-	Total	1,896

Infectious and Other Notifiable Diseases Classified in Age Groups

	Scarlet Fever		Whooping Cough		Poliomyelitis				Measles		Diphtheria		Dysentery		Meningococcal Infection	
	M	F	M	F	Paralytic		Non-Paralytic		M	F	M	F	M	F	M	F
Numbers originally notified	114	118	36	49	1	1	-	-	482	493	-	-	130	114	3	-
FINAL numbers after correction Under 1 year	-	-	3	4	-	-	-	-	9	14	-	-	6	6	2	-
1 -	3	2	3	4	-	-	-	-	35	50	-	-	10	7	-	-
2 -	13	5	6	1	-	-	-	-	54	54	-	-	6	6	-	-
3 -	10	10	6	8	-	-	-	-	66	58	-	-	10	4	1	-
4 -	5	16	2	7	-	-	-	-	43	57	-	-	4	5	-	-
5 - 9	70	74	16	22	-	-	-	-	267	256	-	-	19	19	-	-
10 - 14	11	7	-	-	-	1	-	-	6	11	-	-	11	12	-	-
15 - 24	1	2	-	2	-	-	-	-	3	3	-	-	11	10	-	-
25 and over	1	2	-	1	1	-	-	-	-	-	-	-	47	42	-	-
Age unknown	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	114	118	36	49	1	1	-	-	482	493	-	-	124	111	3	-

	Pneumonia		Smallpox		Acute Encephalitis				Enteric or Typhoid Fever		Paratyphoid Fevers		Erysipelas		Food Poisoning	
					Infective		Post-Infectious									
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Numbers originally notified	87	64	-	-	-	-	-	-	-	-	-	-	10	9	7	11
FINAL numbers after correction																
Under 5 years	19	11	-	-	-	-	-	-	-	-	-	-	-	-	-	2
5 - 14	14	10	-	-	-	-	-	-	-	-	-	-	-	-	2	1
15 - 44	12	18	-	-	-	-	-	-	-	-	-	-	3	3	3	3
45 - 64	33	15	-	-	-	-	-	-	-	-	-	-	5	4	-	-
65 and over	9	10	-	-	-	-	-	-	-	-	-	-	2	2	-	1
Age unknown	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	87	64	-	-	-	-	-	-	-	-	-	-	10	9	5	7

	Tuberculosis						Other notifiable diseases			
	Respiratory		Meninges & C.N.S.		Other		Original		Final	
	M	F	M	F	M	F	M	F	M	F
Numbers originally notified	65	32	1	-	5	3	-	-	-	-
FINAL numbers after correction										
Under 5 years	1	2	-	-	-	-	-	-	-	-
5 - 14	1	1	-	-	-	-	-	-	-	-
15 - 24	16	10	-	-	-	1	-	-	-	-
25 - 44	20	12	-	-	4	1	-	-	-	-
45 - 64	23	5	1	-	1	1	-	-	-	-
65 and over	4	2	-	-	-	-	-	-	-	-
Age unknown	-	-	-	-	-	-	-	-	-	-
Total	65	32	1	-	5	3	-	-	-	-

		Puerperal Pyrexia		Ophth. Neonatorum	
		M	F	M	F
Numbers originally notified		-	67	-	67
FINAL numbers after correction					
Under 5 years		5	1	5	1

DEATHS

Causes of Death, 1958

Cause of Death	Deaths, 1958			Total Deaths 1957
	Male	Female	Total	
Tuberculosis, Respiratory	5	5	10	20
Tuberculosis, Other	-	-	-	3
Syphilitic Disease	1	1	2	7
Diphtheria	-	-	-	-
Whooping Cough	-	-	-	-
Meningococcal Infections	-	-	-	-
Acute Poliomyelitis	-	-	-	-
Measles	-	-	-	-
Other Infective and Parasitic Diseases	-	1	1	3
Malignant Neoplasm, Stomach	28	24	52	56
.. .. Lung, Bronchus	75	19	94	105
.. .. Breast	1	44	45	41
.. .. Uterus	-	20	20	18
Other Malignant Lymphatic Neoplasms	106	81	187	192
Leukaemia, Aleukaemia	4	3	7	12
Diabetes	4	11	15	11
Vascular Lesions of Nervous System	96	152	248	229
Coronary Disease, Angina	196	124	320	307
Hypertension with Heart Disease	22	28	50	44
Other Heart Diseases	104	149	253	267
Other Circulatory Disease	39	34	73	109
Influenza	1	-	1	12
Pneumonia	44	43	87	64
Bronchitis	98	42	140	108
Other Diseases of Respiratory System	11	10	21	14
Ulcer of Stomach and Duodenum	16	7	23	19
Gastritis, Enteritis and Diarrhoea	2	2	4	6
Nephritis and Nephrosis	4	11	15	7
Hyperplasia of Prostate	21	-	21	11
Pregnancy, Childbirth, Abortion	-	-	-	2
Congenital Malformations	6	9	15	15
Other Defined and Ill-Defined Diseases	57	77	134	122
Motor Vehicle Accidents	22	3	25	19
All other Accidents	11	16	27	33
Suicide	5	12	17	30
Homicides and Operations of War	-	-	-	-
Totals	979	928	1,907	1,886

SECTION 6

SCHOOL HEALTH SERVICE

The School Health Service had a comparatively uneventful year.

The B.C.G. vaccination was limited to private school children who had not been dealt with in the previous year. Some 2,000 children attending state maintained schools were re-tested in connection with the M.R.C. Tuberculosis research scheme.

The position with regard to obtaining special school vacancies continues to improve, and the only real difficulty in finding suitable placement is in cases of multiple defects.

We have suffered a slight setback in our efforts against head infestation. The increase in the incidence of this condition is quite small, (only 70 cases were found in 54,638 examinations) but it is the first time for many years we have been unable to report an improvement.

B. C. G. VACCINATION.

Details of private school children offered B.C.G. vaccination through the approved arrangements under Section 28 of the National Health Service Act, 1946 during the year ended 31st December, 1958, are as follows:-

1. Number of children whose parents were approached regarding participation in the scheme	449
2. Number of children whose parents consented to participate	266
3. Number of those who were tested and found to be	
(a) negative	152
(b) positive	30
4. Number of those who were given B.C.G. vaccination	152

The apparent low acceptance rate was due to concurrent poliomyelitis injections.

MINOR AILMENT CLINICS.

The examinations carried out at these clinics include a variety of cases in which medical opinion is required. Cases of poor school attendance, freedom from infection examinations, recommendations for recuperative treatment, etc., are among the many things dealt with at these busy clinics. They also provide a means for a more detailed

investigation into any defect observed at the school inspection.

Attendances at Minor Ailment Clinics

1956	1957	1958
7,897	9,951	9,996

ROUTINE MEDICAL INSPECTIONS

Details of the three routine medical inspections carried out in schools are set out below. These are normally carried out during the first and last years at school and at the last year in primary school.

Numbers Examined

	1957	1958
First age group	2,016	2,050
Second age group	2,389	2,419
Third age group	1,305	1,991
Total	<u>5,710</u>	<u>6,460</u>

Classification of General Condition

Satisfactory	6,442
Unsatisfactory	18
	<u>6,460</u>

Defects requiring Treatment found at Routine

Medical Inspection

	1955	1956	1957	1958
Skin Diseases	559	859	738	846
Defective Vision	444	452	349	438
Squint	37	25	10	26
Defects of Hearing	68	73	53	114
Middle Ear Diseases	32	48	24	8
Nose and Throat Diseases	242	190	86	141
Speech Defects	34	36	12	28
Enlarged Glands	6	7	5	2
Heart - Circulation conditions	14	5	2	7
Lung Diseases	79	72	52	74
Hernia	2	3	5	-
Postural Defects	24	35	23	32
Orthopaedic Foot Defects	97	78	48	68
Epilepsy	3	2	-	-

ASTHMA CLINIC.

The scope of the Asthma Clinic during the past year has been much increased. This is due partly to the new method of approach which had been initiated for the investigation of individual cases, and also a modification in the method of treatment.

During the current year the Asthma Clinic is to continue the investigation of the value of Skin Tests in cases of Asthma, which was started during the past year. A survey has been started to evaluate the use and reliability of history taking in cases of Asthma, and to attempt an assessment of the nervous temperament of asthmatic children attending the Clinic by comparing this group of children with a similar group who do not have asthma.

The progress of this survey has been considerably helped by the kind advice and co-operation of the Allergy Clinic of St. Mary's Hospital, London, the Brompton Hospital for Diseases of the Chest, London, and Professors Walton and Bradford Hill of the London School of Tropical Medicine and Hygiene, London.

The benefit derived from the Physiotherapy Classes by both bronchitic and asthmatic children in the Area is most encouraging. The number and severity of asthmatic attacks in cases attending the Clinic is reported by the parents as being greatly reduced, and in the case of the bronchitics similar improvements have been obtained. The need for routine revision of all discharged cases continues since many of the younger children fail to undertake their exercises at home. Group exercises under supervision at the Clinic must therefore remain an essential feature of the treatment.

The co-operation of the Child Guidance Clinic has been sought to help in the interpretation of the findings with regard to the emotional make up of asthmatic children compared with other children who do not suffer from this complaint.

As compared with the previous year, the number of attendances at the Asthma Clinic rose from 889 to 2,157 this year. This increase in numbers is explained by the following reasons:-

1. The clinic has had the uninterrupted services of a Physiotherapist during the past year, whereas during the previous year the Physiotherapist was on sick leave for 19 weeks.
2. A larger number of cases which had been discharged from treatment were re-examined as part of a routine follow-up, so that their progress could be recorded.
3. A certain extra number of cases which did not exhibit signs and symptoms of chest disease have been investigated, since they have been used as controls in the current survey of asthmatic cases started this year.

From the foregoing facts it does not appear that there has been an actual increase in the number of cases of asthma or bronchitis.

The proportion of cases treated last year were as follows:-

Asthmatics	50%
Bronchitics	32%
Chest deformities	14%
Others	4%
<hr/>	
Follow-up cases	20
Control group (part)	12
Discharges	30

SCHOOL DENTAL SERVICE.

The general pattern of the dental service remains much as reported in 1957. No further full-time Officers have left, but there has been a rapid turnover of part-time officers and the dental surgeon relatively inexperienced in school dental clinic work always takes some time to become fully productive. This, coupled with the continued difficulty in securing dental attendants of a suitable type, inevitably leads to a smaller output than would be desirable.

From the results of school dental inspections it would appear that a higher proportion of children attending secondary schools receive private dental treatment compared with infants and juniors. This is rather the pattern that would be expected as by and large many parents still do not realise the importance of dental attention for the younger children, and also children of these ages are not so desirable as private patients taking generally more time for less return economically. But the valuable contribution of private practitioners to the dental health of children in the Borough must be acknowledged.

Parents are given prior notice of school dental inspections and it is noteworthy that a considerable number of children are always found to have made appointments for treatment as a result of the "reminder" of the proposed inspection.

Attention has been drawn previously to the possibility of the fluoridation of water supplies as a means of reducing the incidence of dental caries. During the year we became aware that in the Northolt district, served by the Rickmansworth and Uxbridge Valley Water Company, water is

pumped from four wells which have a fluoride content of between 0.4 and 1.9 parts per million. The higher figure is well inside the range where a dental influence would be expected. However, before piping to the domestic supply this well water is mixed with other water from outside sources. The water company were unable to give us any exact data of fluorine analysis of the final tap water.

As far as dental caries is concerned analysis of data obtained from two schools in Northolt did not show any significant difference from the general pattern in the Borough but the Northolt population is largely new and any effect could only be visible after several years among children who had lived there most of their lives.

It was decided to seek the help of Miss J.R. Forrest, L.D.S., of the Ministry of Health in securing a series of analyses of the domestic water supplies in Northolt. Miss Forrest kindly arranged for this to be done by the Government Chemist and it was found that the fluoride content was 0.30 parts per million with very little variation. As a level of 1.0 part per million needs to be maintained for caries to be reduced it can be appreciated that the water supply in Northolt is unlikely to produce a beneficial effect.

Though the result of the investigation was negative it was desirable that a water supply of possible high level fluoride content should be investigated and the ready help of the Government Officials concerned is gratefully acknowledged.

Attendances	Completing Treatment	Fillings Permanent Teeth	Fillings Temporary Teeth	Extractions Permanent Teeth	Extractions Temporary Teeth	Anaesthetics		Orthodontic treatment New Cases
						Gas	Local	
16,465	4,875	9,402	3,045	1,018	3,631	2,003	4,471	166

EAR, NOSE AND THROAT SERVICE.

Mr. Savege, Consulting Otologist, reports:-

It is interesting to note that the character of cases referred from School Medical Inspections and from General Practitioners to the School E.N.T. Clinics has changed over the years.

Before the war, the great majority of cases were chronic discharging ears; often so profuse was the discharge that the children were sent home from school. The Hospital Out Patients Departments were unable to clear up these cases largely because daily treatment was required, and also a follow up system to ensure the attendance of the child, did not exist. The E.N.T. School Clinics assisted by the Minor Ailment Clinics, giving daily treatment, were able to clear up a great many of these cases, although cases of chronic mastoiditis had to be referred for operation. It is a great step forward, that this type of case is now rarely seen, and a handicapping defect causing, at least, permanent middle ear deafness has been removed.

Nowadays the cases referred to the School E.N.T. Clinics are:-

1. those giving symptoms of infected Tonsils and/or Adenoids.

Efforts are made to clear up the infection by nasal drops, breathing exercises etc., but if the trouble persists, the cases are referred for operation.

2. cases of deafness.

Usually these are of the catarrhal middle ear type, which can be cleared up with treatment.

Sometimes the deafness is of the inner ear type, the result of infective conditions such as mumps, or of congenital abnormality. Unfortunately, treatment will not help these cases, but careful assessment is necessary to ensure that their education is affected to the smallest extent.

3. cases of chronic sinus disease.

Fortunately this trouble is not common in children, but suspected cases are referred for X-ray examination, and if confirmed by this, are treated by displacement, and diastolisation. If treatment fails, the cases are referred to hospital for operation.

	1958	1957
Number of new cases	145	109
Number of re-inspections	292	343
Total Attendances	437	452
Number Treatment Advised	230	296
Number Operation Advised	99	80

Audiometry Report

	1957	1958
Number of schools visited	34	32
Number of children examined	7,737	5,498
Number of children with hearing loss	225	193
Number of pure tone tests	5,365	5,498
Number referred to E.N.T. Specialist	74	53

The use of the pure tone audiometer was continued throughout the year. Unfortunately in November the Audiometrician left for another appointment and no testing was done for the second half of the Autumn term. This resulted in a drop in the number of children tested.

The age groups tested as a routine in schools are 6-7 years, 9-10 years, and 13-14 years.

The decline in the total numbers tested was due mainly to the change over from gramophone audiometer to the pure tone audiometer in 1957. It is not possible to carry out as many tests with the latter as with the former, but against this one has the advantage of more accurate testing.

FOOT HEALTH.

During 1958, the Foot Health nurse saw 11,177 children in school, a record so far for any one year.

At these foot inspections, the condition of each child's feet and shoes is recorded on individual foot cards. It is usual for the nurse to see each child every 2½ years; early foot troubles are readily detected by her and children with these are then asked to attend the foot clinics held by the Medical Officer in charge, at which advice can be given to the parents. The work of these foot clinics is varied. Children with foot pain are usually referred to the Orthopaedic Surgeon. Children with valgus ankles (so called "flat feet") are given wedges to be placed in the heels of their shoes, and simple but effective exercises to do at home, in order to strengthen the weak muscles and ligaments. Girls showing early Hallux Valgus (outward bending of the big toe) are advised on the importance of shoe design and fitting. It is now common to find girls from the age of 10 years upwards, wearing the "casual" or "slip on" type of shoe. These shoes are poorly designed and their shape bears no relation to that of a normal child's foot. These casual shoes can undoubtedly cause a great deal of harm to growing feet.

The girls want to wear them because their friends do so, and some mothers buy them because they think they are pretty and fashionable. It is hoped that the discussion between the parents, child and doctor at these foot clinics will promote a more sensible approach in the subsequent choice of shoes.

The search for foot infection in the school children has continued every term. The incidence of Tinea (Athlete's Foot) is the same as in 1957 - 0.9%. The incidence of verrucae (Plantar Warts) has dropped from 1.2% in 1957 to 0.8% in 1958. There are still many children requiring treatment, however, despite this apparent decrease. The School Chiropody Service now employs two chiropodists who work at four of the larger clinics throughout the Borough. There are six chiropody sessions per week for the Ealing school children, at which 12 - 16 children are seen at each session. A list of children awaiting treatment is kept in the Area Health Office. With very few exceptions so far, no child has had to wait longer than eight weeks. Those children marked as "urgent" cases are sent an appointment for the chiropodist at their nearest clinic, if possible, within four weeks of first being seen.

Foot Inspection - Defects

Total number examined	..	11,177	
Referred to Medical Officer		346	3.1%
Referred to Chiropodist	..	96	.8%
Verrucae	.. ..	94	.8%
Defective shoes	.. ..	2,311	20.6%
Everted ankles	.. ..	280	2.5%
Hallux Valgus	.. ..	2,175	19.4%
Tinea	.. ..	104	.9%

ORTHOPAEDIC CLINIC.

Mr. J.A. Cholmeley, the Orthopaedic Consultant, reports:-

Although the Ealing Orthopaedic Clinics have been busy during the past year there appears to have been, to those working at them, a falling off of the work, at least during the latter half of the year. Compared with 1957 there certainly has been a reduction under every heading but compared with the previous year - 1956 - there has been a small rise in attendances at the surgeons' and physiotherapists' sessions. For some unexplained reason there was a considerable rise in all attendances during 1957.

A fall in attendances at children's orthopaedic and other specialist departments has not only occurred in school clinics but in a large number of hospitals throughout the country and is certainly related to the improved state of health of the children of this country, much of which is due to the work of the Public Health, Maternity and Child Welfare and School Medical Departments. As far as children's orthopaedic clinics are concerned there have been few new cases of poliomyelitis as there has been no epidemic during the past few years and the disease in this country now affects adults as frequently as children. During the year 1958 there was only one new case of poliomyelitis at the Ealing Orthopaedic Clinic.

	1957	1958
Number of new cases ..	209	145
Number of re-inspections ..	585	449
Total attendances ...	794	594
Number of children referred for physiotherapy ..	321	232
Number of attendances ...	3,492	3,327

HANDICAPPED CHILDREN.

The following table sets out in their various categories the number of handicapped pupils as at 31st December, 1958.

	In Special Day Schools		In Special Residential Schools		In main- tained Primary & Secondary Schools		Not at School		Total	
	B	G	B	G	B	G	B	G	B	G
Blind Pupils ..	-	-	3	1	-	-	1	1	4	2
Partially-Sighted Pupils	7	3	1	3	-	-	-	-	8	6
Deaf Pupils ..	4	4	3	2	-	-	-	-	7	6
Partially Deaf Pupils ..	5	7	3	2	2	1	-	1	10	11
Educationally Sub-normal Pupils ..	42	27	15	8	3	6	2	-	62	41
Epileptic Pupils	-	-	1	-	4	-	-	-	5	-
Maladjusted Pupils ..	-	-	45	34	2	1	1	-	48	35
Physically Handicapped Pupils	11	11	5	4	6	2	-	1	22	18
Pupils with Speech Defects	-	-	-	-	10	1	-	-	10	1
Delicate Pupils	7	5	14	2	3	1	1	-	25	8
Pupils with Multiple Defect	-	-	-	-	-	-	-	-	-	-
Total	76	57	90	56	30	12	5	3	201	128

OPHTHALMIC SERVICE.

Mr. G. Freeman-Heal, Consultant Ophthalmologist reports:-

Report on School Children examined at Mattock Lane and Ravenor Park School Clinics for the year January to December 1958.

The total number of cases seen was 1,574 (1957 - 1,914) of which 470 (1957 - 390) were new cases, and 1,103 (1957 - 1,524) were re-inspections. The number of pairs of glasses prescribed was 927 (1957 - 977).

Abnormal Eye Conditions other than Errors of Refraction were as follows:-

Congenital Abnormalities	New Cases	Old Cases
Squint	64	175
Congenital Nystagmus	1	3
Albino with Congenital Nystagmus	-	1
Nasal Duct Obstruction	2	1
Abnormalities Extra Ocular Muscle	2	-
Abnormalities Extra Ocular Muscle with Torticollis	1	-
Coloboma of Uveal Tract	1	1
Congenital Cataract	-	1
Progressive Myopia	-	1
Hydrocephalic with Optic Atrophy	1	-
Marfan's Syndrome	-	1

Abnormalities due to Infection

Conjunctivitis	3	-
Blepharitis	1	2
Styes	2	-
Meibomian Cyst	2	-
Blind Eye from Uveitis	1	1
Old Uveitis	1	-
Abscess of Lacrimal sac	1	-

Abnormalities due to Trauma

Ulcer of Cornea	1	-
Corneal scarring	1	-

Abnormalities of Unknown Etiology

Retinal Haemorrhage	1	-
Detachment of Retina	1	-

SPEECH THERAPY.

During the past year the services provided by the Speech Therapy Department have been widely used, as is shown by the following figures.

Number on roll at 1st January, 1958	163
New cases during the year	95

Number discharged	42
Number on roll at 31st December, 1958	216
Number of attendances at Speech Therapy Clinics	4,134

There has thus been during the year an increase of 53 in the number of children on the roll. This is due first to a fall in the number of discharges following an unusually high number in 1957, and secondly to an increase in the number of new cases. Some 95 children attended for the first time in 1958 as compared with 71 and 76 for the previous two years. This increase is mainly accounted for by an expansion of the school visiting programme. Groups of children are selected by Head Teachers as possible cases of speech defect and are seen by a Speech Therapist at the school. Those children who are thought to require speech therapy are given treatment at the clinics after their parents' consent has been obtained.

The frequency of the various types of speech defect encountered is shown below:-

(1) Dyslalia - Mixing or missing out of consonants	51.7
(2) Stammering	13.3
(3) Developmental aphasia - Delayed or absent speech	15.0
(4) Dysarthria - Defects due to disorders of the muscles of articulation	15.0
(5) Aphasia associated with mental deficiency	3.3
(6) Disorder arising from deafness	1.7

Treatment of individual children has been given at most of the clinics in the area and sometimes, when convenient, at schools. The playgroups for pre-school children held at Mattock Lane and Ravenor Park Clinics have continued to perform a valuable function in allowing young children with speech defects to mix together under conditions designed to promote the development of speech.

The Speech class at Stanhope Infant School which caters for children with more severe speech defects is an established feature of the educational facilities of the area. It was felt that the advantages of this type of class, believed to be the first of its kind in the country, should be made more widely known. Accordingly a report was drawn up by two of my Medical Officers who have been closely associated with this project and was recently published in "The Medical Officer". This report is reproduced below by kind permission of the Editor.

THE FORMATION OF A SPEECH CLASS IN A NORMAL INFANT SCHOOL

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In recent years consideration has been given in the Speech Therapy Department to the problem of the infant school entrant whose speech is sufficiently defective to interfere markedly with education. Some years ago the formation of a Play Group amongst older pre-school children had aimed at correcting the defect before school age. It was apparent, however, that some children were still reaching school age with the defect uncorrected, and an account will be given of the formation and management of a special class to cater for their needs.

Such children on entering a normal infant class face considerable difficulties.

First, they are timid and shy and make little effort to talk. When the effort is made they are often unable to make the teacher understand and are thereby discouraged from further attempts. Clearly, in the large classes of today such children are almost certain to be neglected, if only due to lack of time. Even assuming a child is fortunate enough to find himself in a small class, encouragement of speech and the correction of its defects is a specialised subject of which the teacher of a normal class is unlikely to have any particular knowledge.

Secondly, these children need frequent attendance at clinics for speech therapy which results in a substantial absence from lessons. This is, of course, a problem common to all categories of handicapped pupils who have to attend hospitals or clinics for their defects when no provisions for this are made at school.

Thirdly, careful observation and follow up by the medical officer and speech therapist is difficult and such surveillance is of great importance in dealing with these children so that their management can be varied in the light of their development.

The formation of a speech class in a normal primary school seemed to offer a solution to these difficulties. Here a specially experienced teacher could combine normal school routine with speech training, the speech therapist could visit several times weekly and easy surveillance by the medical officer would be possible. One of the merits of the scheme was that it could be implemented utilising existing facilities. Thus:-

(1) The speech therapist would devote to those children in school the time she would normally give to them in clinics.

(2) Although the class teacher should perhaps theoretically be a doubly qualified person, i.e. speech therapist/teacher, this would be unlikely to be practicable and therefore it was decided to select a teacher with some experience of speech training and of the development of language and an interest in the scheme.

Accordingly, in 1954 such a class was formed. The founder members varied between five and eight years old. These were selected from children having speech therapy at clinics who were making unsatisfactory progress in normal schools, due primarily to their

speech defect. Subsequently, the aim has been that children should enter the class at $4\frac{1}{2}$ years old and only when the disability has been sufficiently overcome enter an ordinary class.

The facilities available are well known in the Area to school medical officers, medical officers of child welfare clinics, health visitors, teachers, and, indeed parents themselves. Referral in the first instance is to the medical officer in charge of speech therapy as it is felt that the causes of defective speech are so diverse that speech therapy in its narrow sense plays only a part. Diagnosis and effective treatment may require the services of ENT surgeon, neurologist, or psychologist, and the appropriate co-ordinator of these is considered to be the medical officer.

The medical assessment consists of:-

(1)(a) General medical history and inquiry into the child's milestones, disposition, play habits, and home background.

(b) The history of the child's speech defect, together with family speech history.

(2)(a) General medical examination.

(b) Examination of tongue and palate movement, formation of mouth and teeth, hearing, central nervous system and preliminary estimate of intelligence.

(3) Special investigations:-

(a) Routine assessment of Intelligence Quotient.

(b) Routine pure tone audiometry.

(c) Tape recording.

Following the medical examination the child is seen by the speech therapist and a joint conference between medical officer, teacher and speech therapist is held to determine whether admission is indicated. If this is the case formal ascertainment as a handicapped pupil is made. As a general rule the criteria are:-

(1) That a child should have a speech defect sufficient to impede education if admitted to a normal class and that this would be unlikely to improve in these circumstances.

(2) Although children with other handicaps are admitted, the speech defect must be the primary disability.

Subsequently the child has a routine medical examination twice yearly and is referred for special examination whenever required by conditions coming to light as a result of observations by teacher or speech therapist. In addition to this the medical officer visits the class at frequent intervals. In this way the children accept him as a normal visitor and he is able to observe the progress of the children under day to day conditions.

Since the class commenced 30 children (19 boys and 11 girls) have been admitted. Of these, 21 have been discharged, leaving nine still in the class. The average age of admission during the last six terms under review has been five years five months. The average age of discharge has been seven years six months, after an average stay in the class of three terms.

The children concerned had a wide range of speech defects classified as follows:-

Diagnosis	No. of Cases
Developmental aphasia ..	10
Dysarthria	2
Dyslalia	9
Dyslalia and stammer ..	2
Dyslalia and dysarthria	5
Disorder due to deafness	2
	<hr/>
	30
	<hr/>

It will be seen that developmental aphasia and dyslalia account for the majority of children admitted. The two cases of pure dysarthria were due to minor degrees of cerebral palsy. In the children with combined dyslalia and dysarthria the dysarthric element included orthodontic conditions and varying degrees of tongue immobility. One child had a thyroid deficiency and the large tongue often associated with this condition. Of the two children who had a disorder of speech due to deafness only one required to wear a hearing aid. It will be noted that cases of pure stammering are not admitted as it is not felt that the class caters for their particular need. In the cases where stammer has been part of a mixed defect it has been much the lesser of the two disabilities.

The intelligence quotients of the children who have been in the class have been a little lower than would be expected in any normal group of children in the same age range. This was between 60 and 129. Most, however, were in the range 80 to 89.

On leaving the class the speech of the 21 children discharged was assessed as follows:-

Normal speech	14
Slight dyslalia	4
Slight dysarthria	2
Markedly defective speech but left class to go abroad ..	1
	<hr/>
	21
	<hr/>

Differences from Ordinary Class Routine

From the teaching point of view routine is basically as in a normal infant class with the following differences:-

(1) The limitation of the class to 10 pupils allows for individual tuition and there is no formal syllabus.

(2) Teaching is to a wider age range than in a normal class.

(3) Time spent on speech training and encouragement of speech is much greater.

(4) Correction of speech, which in teaching a normal class plays only a small part, is here of prime importance. In this respect, of course, example plays a major part and at all times the teacher's speech must be of the highest quality.

(5) Use of piano and tape recorder to encourage the often late developing sense of rhythm.

(6) Since the class is part of a normal school it can take part in all normal activities and in no way is there segregation of these children. In this respect the head teacher plays an essential role in general

supervision, and ensures integration of the class with the remainder of the school. At times a normal class may join the speech class for stories, since it is found that listening is facilitated when the class is part of a large listening group.

Whilst continuing experience of teaching a class of this kind has resulted in some small alterations of a practical nature it has not been found necessary to make wide changes in the way that teaching is carried out, and there is little difference in method since the inception of the class.

There is no loss of continuity on entering normal classes as supervision by the medical officer continues and speech therapy is given by the same speech therapist where necessary.

It is not possible to compare the progress of these children in precise terms during their time in the class with probable progress in a normal class, nor is there available a closely similar control group. Nevertheless the impression is that their time in the class enabled these children to make very much more satisfactory progress than would have been possible had they been in a normal class and attended clinics for speech therapy. Doubtless this is partly explained by the small size of the class in itself but it seems likely that the tuition planned to their needs plays the major part.

One possible pitfall in a class of this nature is that it could become used for children with other handicaps, speech not being the primary handicap. Particular care must therefore be taken that it does not become a class for educationally sub-normal or maladjusted children. A maladjusted child in the class is especially harmful, as children with defective speech are very sensitive to such a disruptive influence. The wide age range at first presented problems but now with early ascertainment it varies only between $4\frac{1}{2}$ and $5\frac{1}{2}$ years.

The statutory limit for such a class is 10 and it has been found that a school child population of 24,000 furnishes this number. Even within the boundary of one authority a wide area is covered and transport has to be provided in some instances.

The provision of a teacher presents one of the greatest problems and a suitable candidate is unlikely to be readily available. We feel that this class has been particularly fortunate in having a teacher who has been able to adapt herself readily to the new circumstances presented by it. The essential qualifications of a speech class teacher would seem to be a natural kindness and regard for children and the ability to gain their confidence easily. Any suggestion of a formal approach to her subject would be a disadvantage. The teacher of this class feels that a study of the development of speech which formed part of her university course in English and a course of speech training for public speaking have been of great help to her. Whilst this is so, we feel that such experience is a helpful, additional qualification rather than an essential one and that the basic attributes already mentioned are the more important.

Summary

The formation of a Speech Class in a normal infant school is described. It is considered that it fulfils

a useful function in getting children with fairly severe speech defects to overcome this handicap more rapidly and with far less distress than if they had entered a normal infant class. The scheme has been found to be practicable for the Speech Therapy Department of a fairly large authority of about 200,000 people without additional resources being necessary except the willingness of the local Education Authority to provide a teacher for 10 children, and the services of one of the medical officers of the School Health Service staff for supervisory purposes.

EALING CHILD GUIDANCE CENTRE.

Dr. P. Holman, Consultant Psychiatrist, reports:-

This centre covers both Ealing and Acton, but the following figures relate to Ealing only.

Patients attending.

146 cases were referred during the year which is exactly the same number as were referred in the previous year.

Cases withdrawn before Investigation.

The number of cases withdrawn before investigation is not as large as in 1957. There were 50 cases in Ealing where there was lack of co-operation on the part of the parents who failed to bring the child for treatment after originally accepting. In some cases there is a spontaneous improvement whilst the case is still on the waiting list.

Problems referred to the Centre.

The type of case referred remains remarkably unchanged over the years. We continue to be sent a high proportion of children of more than average intelligence (i.e. a higher proportion than there is in the school population), and a far greater number from primary schools than from secondary schools.

Court cases.

Of the secondary school children, a rather higher proportion than usual has come this year from the Juvenile Courts or Probation Officers.

Day School for Maladjusted Children.

We have long thought that the work of the Clinic would be greatly helped, if some of the younger children could be sent for a time to a special Day School for Maladjusted Pupils. The County Council has approved the proposal and has found suitable premises for the school at No. 1 Aston Road.

Conclusion.

We have undoubtedly been hampered in 1958 by changes and shortage of staff. 1958 was the second full year without an Educational Psychologist.

Although there are few changes in the work that goes on in the Clinic from one year to another, and although the numbers dealt with there are small, we are convinced that there has been an advance and an expansion in the work that goes on outside the Clinic - in the discussions with groups of mothers, with teachers, health visitors, Probation Officers and many other types of workers concerned with the welfare of children.

Work of this type is not so easily measured or conveyed in figures, but has had a cumulative effect over the years. One example of the effect of the work of Child Guidance Clinics is the report of the Platt Committee on the Welfare of Children in Hospital. While we cannot take any particular credit for the conclusions of this Committee, nevertheless it embodies the views that have been put forward by Child Guidance Clinics; views that would have been unheard of twenty years ago, but which are now officially accepted and advocated by the Ministry of Health.

Although it will be many years before we have achieved all we hope for the well-being and happiness of children, there are many signs that our work is having results, and that it has a greater value than we can convey in the report of our unsensational progress during any one year.

Cases are referred to the Child Guidance Clinic to deal with the following problems:-

Primary Behaviour Disorders

- Fears and anxieties
- Solitariness and unsociability
- Depression and lethargy
- Difficult to manage at home
- Difficult to manage at school
- Temper tantrums
- Direct aggression
- Sexual difficulties

Psycho-somatic Disorders

- Enuresis
- Encopresis
- Sleep disorders
- Habit spasms
- Feeding difficulties
- Hysterical symptoms
- Speech disorders
- Asthma
- Eczema
- Constipation

Delinquent Behaviour

Stealing
Truancy and absconding

Educational Difficulties

Backwardness
Retardation in school work

Disorders with Organic Components

Epilepsy
Spasticity

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

- | | |
|---|-----|
| (1) Number of children medically examined | 335 |
| (2) Number of instances in which the state of health was found to be such that certificates were withheld | |
| (3) Number of children examined as to fitness to take part in entertainments | 3 |
| (4) Number of cases in which certificates to take part in entertainments were withheld | - |

EDUCATION ACT, 1944.

Sections 57(3), 57(4) and 57(5).

Cases dealt with under Section 57, Education Act, 1944:

Sub-Section 3	5
Sub-Section 4	-
Sub-Section 5	1

Cases de-notified under Section 8, Education

(Miscellaneous Provisions) Act, 1948

MEDICAL EXAMINATION OF TEACHERS.

Number of Teachers examined as to fitness for appointments	68
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INFESTATION WITH VERMIN.

No. Examined	54,635
No. Infested	70

SUPPLEMENT - FOR GENERAL INFORMATION

HEALTH SERVICES PROVIDED BY THE LOCAL HEALTH AUTHORITY

In Middlesex the Local Health Authority under the National Health Service Act is the Middlesex County Council. They have formed ten areas in the county, Ealing and Acton forming Area No. 7. In Ealing the local administration is carried out at the Town Hall, Ealing.

MATERNITY AND CHILD WELFARE CLINICS.

Regular sessions for expectant mothers are held at 9 Health Clinics by doctors and midwives. Arrangements are made for blood testing, chest X-ray and for distribution of iron and vitamins. Mothers are also given the opportunity of attending ante-natal exercises and mothercraft classes. During the year 2,526 expectant mothers attended clinics in Ealing.

Advice to mothers on the care of their children is given at Health Clinics by doctors and health visitors. Children are weighed at each attendance and a careful watch kept on all aspects of the children's progress. Welfare and other foods are distributed. During the year 6,686 children attended clinics in Ealing.

The following are the addresses of the Maternity and Child Welfare Clinics in Ealing:

Ante-Natal Clinics

(Interviews by Appointment)

Address	Times
Abbey Parade, North Circular Road, Ealing, W.5.	Tues. mornings.
Brentside, Westcott Crescent, Hanwell, W.7.	Thurs. mornings.
Cherington House, Cherington Road, Hanwell, W.7.	Tues. Wed. mornings.
Greenford Green, Wadham Gardens, Greenford.	Tues. Fri. mornings.
Islip Manor, Eastcote Lane, Northolt.	Mon. Wed. mornings.
Laurel House, Windmill Road, Ealing, W.5.	Thurs. mornings.
Mattock Lane, 13 Mattock Lane, Ealing, W.5.	Wed. Thurs. Fri. mornings.
Perivale, Horsenden Lane, Greenford.	Wed. mornings.
Ravenor Park, Oldfield Lane, Greenford.	Mon. Thurs. mornings.



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Child Welfare Clinics

Address	Times
Abbey Parade, North Circular Road, Ealing, W.5.	Tues. Fri. 2 - 4 p.m.
Brentside, Westcott Crescent, Hanwell, W.7.	Thurs. 2 - 4 p.m.
Cherington House, Cherington Road, Hanwell, W.7.	Mon. Tues. Thurs. 2 - 4 p.m.
Greenford Green, Wadham Gardens, Greenford	Tues. Wed. Fri. 2 - 4 p.m.
Islip Manor, Eastcote Lane, Northolt.	Mon. Thurs. 2 - 4 p.m.
Northolt Grange Community Centre, Northolt.	Tues. 2 - 4 p.m.
Laurel House, Windmill Road, Ealing, W.5.	Mon. Thurs. 2 - 4 p.m.
Mattock Lane, 13 Mattock Lane, Ealing, W.5.	Mon. Wed. Thurs. Fri. 2 - 4 p.m.
Perivale, Horsenden Lane, Greenford.	Mon. Thurs. 2 - 4 p.m.
Ravenor Park, Oldfield Lane, Greenford.	Mon. Tues. Wed. Fri. 2 - 4 p.m.

DOMICILIARY MIDWIFERY SERVICE.

Home confinements increased last year, numbering 740 compared with 622 in 1957. This has necessitated the appointment of two additional midwives to bring the staff to a total of 11. A new rota has been introduced to provide more satisfactory off-duty and has been generally welcomed. All midwives are trained in the use of Trilene Analgesia machines for mothers in labour, and in the use of small oxygen cylinders should any baby have respiratory difficulty. The number of pupil midwives who received district training during the year was twenty.

It was 21 years ago on May 1st of this year that the Domiciliary Midwifery Service was inaugurated in Ealing by the Borough Council. At a most pleasant gathering, attended by His Worship the Mayor, the first baby delivered, now 21 years old, was enabled to meet the midwife concerned. (Photograph page 72).

Applications for the services of a midwife should be made through a Maternity and Child Welfare Clinic.

HOME NURSING SERVICE.

There are 28 home nurses in Ealing, including 3 male nurses, and during the year a total of 81,823 visits was made to 3,689 patients. The object of the service is to enable those patients whose illness does not require hospital admission to be nursed at home. The duties carried

out comprised general nursing, blanket bathing, giving of enemata and injections of antibiotics, etc. Hydraulic hoists are available for lifting of patients and orthopaedic walking aids are supplied. An increasing proportion of the work is concerned with old people.

The services of a home nurse are available at the request of the patient's medical practitioner or hospital medical officer. Application should be made to the Area Medical Officer, Town Hall, Ealing, W.5.

HOME HELP SERVICE.

The Home Help Service provides domestic help in time of illness. All normal household duties, including shopping, cooking, washing, cleaning, and looking after children are undertaken. There is an equivalent of 165 full-time home helps in Ealing. At the end of the year there were over 700 cases receiving help. The order of priority is acute sick, maternity cases, tuberculosis, and chronic sick and aged. Nevertheless, over 80% of those helped were old people. Payment is based on the patient's resources and ranges from no charge to 4/- per hour. The object of the service is to supplement assistance available from relatives etc., and to tide patients over in emergency rather than supply permanent domestic help. During the year a night service was inaugurated. Attendance is from 11 p.m. to 7 a.m. and the duties of the helper consist of sitting with and giving general care to the patient. This has proved most valuable.

Applications for the services of either a day or night home help should be made, accompanied by a medical certificate, to the Area Medical Officer, Town Hall, Ealing, W.5.

DAY NURSERIES.

There are two Day Nurseries in Ealing for the care of children under five years of age. One nursery is situated in Culmington Road, and has accommodation for 40 children. The other nursery is in Greenford and has accommodation for 50 children. Both the Day Nurseries are recognised training centres and girls of sixteen are accepted for a two years' training for the National Nursery Examination Board's Diploma. Admission of children is restricted as a general rule to those whose mothers need to go out to work, although there are exceptions such as during a mother's illness, or on a doctor's recommendation for the

sake of the child's health. Children under two years of age are only admitted if the mothers are the sole supporters, e.g. divorced, separated or unmarried, or if the home conditions are unsatisfactory. The nurseries are open from 7.30 a.m. to 6.0 p.m. A charge is made for this Service on a sliding scale based on the parents income.

All applications for admission to a Day Nursery should be made to the Area Medical Officer, Town Hall, Ealing, W.5.

